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SCIENCE & MEDICINE DEPT

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A BRIEF TO THE ONTARIO GOVERNMENT ENQUIRY

INTO THE

PROPOSED MEDICAL SERVICES INSURANCE

FROM

THE CANADIAN MENTAL HEALTH ASSOCIATION

ONTARIO DIVISION

Acute illness - per pt. - \$1000 - \$1200 (over a year).

Total cost - 13. Million / yr.

Advocate abolition of provincial mental hospital service.

- per hospitals under OHSC.

32 Berwick Avenue,
Toronto 7, Ontario.

- pay for all mental illness on fee for service basis.

- not all psychotherapy needs to be given by psychiatrist.

(N.B. - remember - specialist fee only on referral).

Implication that prov. service second rate. Great concern's stigma of mental illness.

Wants mental illness paid for on same basis as all other illness (doesn't care about fee/service vs. salary - just wants uniformity).

2-4 wks.

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SUMMARY OF RECOMMENDATIONS

1. That any legislation respecting Medical Services Insurance in Ontario be so compiled that it provides for medical insurance plans to cover mental illness on a basis no different from that of **other** illnesses.
2. That, since the type of medical service and care which a mentally ill person receives is often dependant upon the geographic location of his community, thus resulting in one patient receiving a service which is tax supported while another receives a service which is fee supported, and since such a distinction between the types of service is a strong factor in perpetuating the stigma of mental illness, the principle be accepted of insured benefits being made available when and where needed by the patient.
3. That, in order to make recommendations 1. and 2. above practical and possible, distinction should be made between patients who are in need of active treatment, those who are in need of convalescent or chronic care and those who are in need of sheltered living arrangements; the medical costs for these three categories can be as well defined, and therefore as insurable, as they are for physical illness.
4. That, in order to effect the above recommendations, paragraph 4 of Schedule A of Bill 163 be amended in such a manner that a general exclusion of mental illness from insured medical services will be eliminated.

	<u>No.</u>	<u>beds.</u>	
Prov. hospitals. —	23,300.	—	11,300 ? 2,000,000.
Gen. " S. —			6,600 1,000,000
Non " p's. —	5000		5,000 5,000,000.
#	13,000,000.		

PREAMBLE

5. This submission to the Medical Services Insurance Enquiry is presented on behalf of the members of the Ontario Division, Canadian Mental Health Association. The Division is the provincial counterpart of the National organization, The Canadian Mental Health Association, whose objectives it seeks to implement with an awareness of specific provincial needs, resources and legislation.
6. The objectives of the Association are defined in its By-laws as follows:

"The objects of the Association shall be to work for the conservation of mental health and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency and for the prevention of these disorders; to conduct or supervise surveys of those suffering from mental diseases or mental deficiency; to co-operate with other agencies which deal with any phase of this problem; to enlist the aid of the Dominion and Provincial Governments and to help organize and aid affiliated provincial and local societies or committees for mental hygiene".
7. The Ontario Division has 27 Branches throughout the province and 4,710 members. The membership's interest, dedication and desire to serve, is best illustrated by the fact that members spent an estimated 100,000 hours of volunteer time in 1962 directed towards the problem of mental illness. The citizens of Ontario who comprise its membership recognize the need for improving public education related to mental illness, for increased research into mental illness, for the provision of adequate service directed to rehabilitating the mentally ill and for improving those facilities which will alleviate the problems of mental illness.

STATEMENTS IN SUPPORT OF THE RECOMMENDATIONS

Recommendation 1. "That any legislation respecting Medical Services Insurance in Ontario so be compiled that it provides for medical insurance plans to cover mental illness on a basis no different from that of other illnesses".

8. The major theme of the recent Canadian Mental Health Association publication on mental health services in Canada, "More for the Mind" is that mental illness must be treated in the same social and economic framework as other illnesses. This theme has been consistently supported and reiterated by the spokesmen of organized medicine and psychiatry, and no official statement, to our knowledge, has sought to refute this principle.

Recommendation 2. "That, since the type of medical service and care which a mentally ill person receives is often dependant upon the geographic location of his community thus resulting in one patient receiving a service which is tax supported while another receives a service which is fee supported, and since such a distinction between the types of service is a strong factor in perpetuating the stigma of mental illness, the principle be accepted of insured benefits being made available when and where needed by the patient."

9. It is considered unjust and illogical that the present position should continue, whereby the nature of the medical service and care is dependent often more upon the geographical location of the patient's community than upon the patient's need. It is accepted today that mental illness may be treated in the offices of general or specialist physicians, in clinics of various kinds, in general hospitals, and in psychiatric or mental hospitals. For fair and adequate treatment, insurance must cover the cost of care in any of these settings as needed by the patient.

10. In 1962, 6,600 patients were admitted to psychiatric units of general hospitals; 11,300 were admitted to general and special mental hospitals; and about 18,200 were seen in community mental health clinics. Probably about 5,000 were seen by private psychiatrists. The total number of psychiatrists involved was somewhat over 250. At presently accepted rates, psychiatric consultation services to all these patients could be provided at an annual cost of about \$1,000,000, if insured benefits were available to all in every setting.

Recommendation 3. "That, in order to make recommendations 1. and 2. above practical and possible, distinction should be made between patients who are in need of active treatment, those who are in need of convalescent or chronic care and those who are in need of sheltered living arrangements; the medical costs for these three categories can be as well defined, and therefore as insurable as they are for physical illness".

11. It is recognized that this will be an essential preliminary step to both Recommendations 1. and 2. and it is considered that the body of psychiatric knowledge is now of such an order that such a distinction is eminently feasible.
12. From a financial viewpoint this should cause no real difficulty: for example, it has been reliably estimated that not more than 15%, or 3,500 of the 23,300 beds in Ontario Mental Hospitals need be classified as acute treatment beds. Estimated annual cost for specialist medical care of patients in this category would be not more than \$5,000,000, if insured benefits were available to them and if all community specialists could participate.

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13. Similarly, it has been estimated that reasonably adequate specialist supervision of the chronic patients could be provided at an annual cost of \$2,000,000 (or \$150 to \$180 per patient per year).

Recommendation 4. "That, in order to effect the above recommendations, paragraph 4 of Schedule A of Bill 163 be amended in such a manner that a general exclusion of mental illness from insured medical services will be eliminated.

14. Presently there are two alternative methods of financing facilities of which one is tax supported and the other is fee supported. This arrangement will be perpetuated if paragraph 4 of Schedule A of Bill 163 were to be put into effect. It is the firm conviction of the Ontario Division that such an arrangement only serves to strengthen the concept in the minds of the majority that mental illness is not, in fact, an illness, since its subjects are housed for the most part in facilities where the costs and the standards of care are substantially below those in other treatment situations.
15. It is recognized that the provision of medical care insurance can not be independent of other aspects of health insurance. In particular, to put the above recommendations into effect, it will be essential that hospital insurance is made available, in fact and not merely in theory, to the mentally ill wherever they are treated. The Ontario Division strongly supports such a move.
16. Since these developments will take a period of several years at the least, there will be a transitional period during which many medical and hospital services must continue to be provided from tax funds and on a salaried basis. The Ontario Division is chiefly concerned, however,

that the progress already being made in changing this situation should not be halted, as would be the case, if the exclusions under paragraph 4 of Schedule A of Bill 163 should remain as now stated.

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